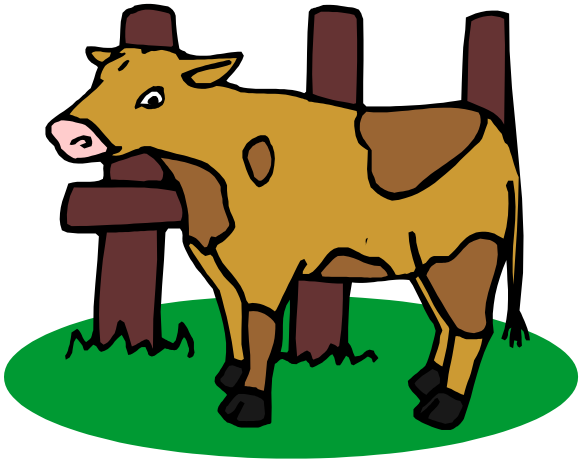
What's new in the "MOO" arena?



OASIS

Hello from the "MOO" arena! My name is *Joyce Rackers* and I am the "OEC" *(OASIS Education Coordinator)* for the State of Missouri. Lisa Coots, the administrator for the Unit of Home Care and Rehabilitative Standards, introduced me in the last newsletter. Since then, I have had the privilege to either speak to some of you over the phone or even meet you in person at one of my OASIS seminars. One of my personal goals when I became the OEC was to make myself as available as possible to home health agencies. I have stressed to those attending my training sessions or those I have spoken with over the phone, that if I cannot answer your question immediately I will always get an answer back to you as soon as possible. I hope that those of you I have had contact with feel that I have held to that.

On August 2, 2005 a 1½ day "Basic OASIS TRAINING" was held at the Primaris building in Columbia, Missouri. It was provided by the Unit of Home Care & Rehabilitative Standards with the assistance of Primaris at **no charge** to the home health agency. Twenty-six different home health agencies were represented (54 participants).

One of the primary recommendations from the evaluations completed by the participants was to offer the training for 2 different audiences. One session would be geared toward beginners and one for those who are more experienced with the OASIS.

As a result of this recommendation, on a monthly basis (beginning November of this year) we will offer a one-day training to the newest home health agencies. This will be held at our office at 1617 Southridge in

Jefferson City on the **second Tuesday of each month**. **We** will contact those agencies that we feel fall in to the "newest" category. Due to limited space it will be limited to no more than 8 – 9 people. (November 8, 2005 is already filled). The focus of the training will primarily be on the "clinical" aspect of the OASIS, although technical support will give a portion of the training also. Every six months we plan to hold a larger session on answering the OASIS questions & open this up to all home health agencies.

If there is an agency that are not "new" to the business but feel they have several new staff that would benefit from a smaller one-on-one training and are willing to come to our office in Jefferson City we will also keep open the **4th Tuesday of each month** for this. The focus of this training will also be primarily "clinical" but if technical assistance is a need we may offer some technical support also. **Please contact our office at 573-751-6336 if you are interested in this.** Again, due to limited space this would be limited to 8 – 9 people so requests will be accepted on a first-come basis.

With the twice monthly smaller trainings and twice yearly larger sessions it is my goal to reach as many home health providers as possible in the next fiscal year. By increasing the knowledge of OASIS in the home health field, hopefully, we can ultimately see an improvement in patient outcomes!

Attached, you will find answers to a few of the questions that were unable to be answered at the August training due to time constraints or questions that required some research. I hope these help!

Again, do not hesitate to call if you have any OASIS questions 573-751-6336.

Q: If a patient returns home from the hospital and has significantly had a change in their condition which OASIS assessment would you complete? The ROC or a SCIC?
A: Per the OASIS CONSIDERATIONS FOR MEDICARE PPS PATIENTS revised June, 2004 #3 found on the OASIS Web site, a Resumption of Care will be completed. HHA completes the Resumption of Care assessment (RFA 3 MO100) within 48 hrs of the patient's return, as required. ***The Resumption of Care assessment (RFA 3) also serves to determine the appropriate new case mix assignment for the SCIC adjustment.***

Q: For MO230/240 do the severity ratings need to be listed from the greatest to the least? Or does it matter if they are all mixed up as long as the diagnoses are in order of severity?
A: When asked of the CMS OASIS Coordinators at the OASIS EDUCATOR CONFERENCE on Sept 14, 2005, they stated that it doesn't really matter; however, common sense says to list the secondary diagnoses in descending order.

Q: This is a PT and SN case. The SN fills out everything on the OASIS except MO825 and waits for the PT to do their evaluation. Is the MOO90 date the date the PT gets their evaluation done or the date the RN finishes her evaluation.
A: Per CMS OASIS Coordinators the date in MOO90 would be the date the RN collaborates with the physical therapist. For clarification also refer to Q &A's, Category 2, #40 (found on the OASIS web site).

Q: Some agencies have the qualifying discipline fill out the entire OASIS except for the coding. Is it legal for the coder or biller to put the ICD 9 codes on the OASIS or to change the codes a nurse may have already put down?
A: When asked of the CMS OASIS Coordinators at the OASIS EDUCATOR CONFERENCE on Sept 14, 2005, they stated that the coder or biller could add or change the diagnoses codes. ***They cannot change the order of the diagnoses*** but can do the coding.

Q: In MO570 and 580 what exactly does unresponsive mean? Does it mean the patient is comatose or just unable to speak and answer the question being asked?
A: Per the CMS OASIS Coordinators at the OASIS EDUCATOR CONFERENCE on Sept 14, 2005, they stated that "COMA = unresponsive = unable to respond". It does not mean the patient is unable to communicate.

Q: Why is a Stage I pressure ulcer considered "non-healing"?
A: When asked of the CMS OASIS Coordinators at the OASIS EDUCATOR CONFERENCE, they stated a discussion last fall with the NPUAP and the WOCN (there are no higher experts than these) ratified that the correct guidance to providers regarding this question is --- in essence, a Stage 1 pressure ulcer either is (a) healed, thus not present or (b) not healing. No other options exist, as descriptions of "granulation" simply don't apply for a Stage 1 pressure ulcer.

Q: In answering MO200 does the "within the past 14 days" mean since the last OASIS collection?

A: Per CMS OASIS Coordinators at the OASIS EDUCATOR CONFERENCE 2005, MO200 does not mean since the last OASIS collection. For further reference, Chapter 8 of the OASIS manual MO200 clearly states, ***"Past 14 days encompasses the two-week period immediately preceding the star/resumption of care, or the discharge date."*** There is no mention of "since the last OASIS collection".

Q: If the patient is entirely independent with sponge bath at the sink but does not or cannot transfer to the shower, is he considered independent?
A: Per Q&A, Category 4, Question #133, the patient who bathes independently at the sink must be assessed in relation to his/her ability to bathe in the tub or shower. Is assistance needed for the patient to bathe in tub or shower? If so, what type of assistance? For example, if it is determined that the patient would be able to shower or bathe in the tub, if stand-by assistance of another person was always available, response #2 would be marked. ***(Also refer to question #135 and #138)***

Q: Since the transfer into/out of the tub/shower should not be considered when scoring MO670, is it acceptable for assessing clinicians to ignore Response "2(b)" from the OASIS item wording?
A: Per CMS OASIS Coordinators at the OASIS EDUCATOR CONFERENCE 2005, the tub or shower transfer should not be considered when scoring MO670, and if the transfer is the only bathing task for which a patient requires help to bathe safely in the tub/shower, then the patient should be scored a "0" or "1", depending on their need for devices to safely perform all the included bathing tasks independently.

Q: If toileting does not include transfers/locomotion, why does OASIS differentiate between BSC and toilet? It seems as though the act of toileting is the same in either location?
A: Per Chapter 8 of the OASIS manual, MO680 Toileting evaluates the patient's ability to safely get to and from the toilet or bedside commode. It ***excludes*** personal hygiene and management of clothing but ***does not exclude*** the transfer or locomotion. In the "assessment strategies" it states to observe the patient during ***transfer and ambulation*** to determine if the patient has difficulty with balance, strength, dexterity, pain, etc. Determine the level of assistance needed by the patient to safely use the toilet or commode.

Q: If an agency does a one time visit only and answer MO100 #1 "Start of Care – further visits planned" and do not do a discharge OASIS what happens if another agency takes on the patient and does a SOC OASIS lets say in 30 days?
A: Per Q & A #21 on the OASIS web page, the correct answer for MO100 for a one-visit Medicare patient is #1. The OASIS data should be encoded to generate a HIPPS code and transmitted to the State system. **No discharge assessment is required** as the patient only received one visit. The agency clinical documentation should note that no further visits occurred. If the patient were admitted again (as in the example above) **the agency would receive a warning that the new assessment was out of sequence but it would not prevent the agency from transmitting the assessment anyway.**

Q: Please clarify MO670. If a patient has sutures/staples and physician order states patient is not to use shower/tub, but is physically able to perform the task, how would you score this OASIS item?
A: Per the Q & A #134 (b) on the OASIS web page, if the patient's medical restrictions (sutures/staples) mean that the patient is unable to bathe in the tub or shower, the correct response would be #4 (unable to bathe in shower or tub and is bathed in bed or bedside chair) or #5 (unable to effectively participate in bathing and is totally bathed by another person), whichever most closely describes the patient's ability at the time of the assessment.

Q: Is a PICC (not midline or mid-clavicular) central placement surgical wound or lesion?
A: Per Chapter 8 of the OASIS manual, MO440 (Response – Specific Instructions), "Pin sites, central lines, PICC lines, implanted infusion devices or venous access devices, surgical wounds with staples or sutures, etc. are all considered lesions/wounds." Per Chapter 8, MO482 (Response –Specific Instructions), "A PICC line is not a **surgical** wound, as it is peripherally inserted, although it is considered a skin lesion."

Q: If pressure ulcers are to be reported at the stage they were at their "worst", how do we know what the "worst" stage was if we are coming into a situation where the wound was already being treated, say at a Snf? What do we then report if the wound is partially healed?
A: Per Chapter 8 of the OASIS manual, MO450 (Assessment Strategies), "If the patient has been in an inpatient setting for some time, it is conceivable that the wound has already started to granulate, thus making it impossible to know the stage of the wound at its worst. The clinician should make every effort to contact previous providers (including patient's physician) to determine the stage of the wound at its worst."